### MEULIVED

#### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACT COVER PAGE ION OF

FEB Date Retained OFFICE OF THE CLERK

_	ease type or print in nik.			- Ct - 1 4	
NAJ	ME OF FILER	[5:01]	•	isno. I O	(MIDDLE)
_	HAZ	ard Du	ANE	EDWARD	
Ί.	Office, Agency, or Court	<del></del>		<del></del>	
	Agency Name				
	Mond County Division, Board, Department, District, i	if applicable	Yo	ur Position	
	BOARD OF SUPE	••			OR MEMBER
	► If filing for multiple positions, list be		naici =	<u> </u>	on momoon
				4	
	Agency: TRI-VAlley GROWN	D WATER CONTROL	DISTRICT	osition: IDAARD	MEMBER
2.	Jurisdiction of Office (Check	k at least one box)			-
	☐ State			udge or Court Commissioner	(Statewide Jurisdiction)
	Multi-County		🗵 🗆	County of MOND	
	City of		🛭	other water D	istrict
	,				
<b>}.</b>	Type of Statement (Check at Annual: The period covered is J.	•	mi	_eaving Office: Date Left	1 1
	December 31, 2011.	undary i, auti, undago.		Check one)	
	-or- The period covered is _ December 31, 2011.	, thr	rough (	<ul> <li>The period covered is Jar leaving office.</li> </ul>	uary 1, 2011, through the date of
	Assuming Office: Date assumed	i	C	The period covered is the date of leaving office.	
	Candidate: Election Year 20	5/2 Office sough	nt, if different than	Part 1: RE-ELECT	ON / BOARD OF SUPER
<u>.</u>	Schedule Summary		······································		
	Check applicable schedules or "Nor	1e."	Total number	of pages including th	is cover page:
	Schedule A-1 - Investments - sch	redule attached	Schede	ule C - Income, Loans, & Bu	siness Positions - schedule attached
	Schedule A-2 - Investments — sch		_	ule D - Income - Gifts - sch	
İ	Schedule B - Real Property - sch	redule attached	⊠ Sched	ule E • Income Gifts Tra	rel Payments - schedule attached
		-or- None - No reportable	e interests on any	schedule	
	Verification				
	aci ili catioli				
. '	AGUNGAUON		<u></u>		
	Vernication				
. '	Yer in Caudii				
	Vernication				
	Yer in Caudii		-		
	Yer in Caudii				
	Date Signed 2-18-20 (month, day, ye	/ 2	Signal		

### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink.		·		
NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)
HAZARD		DUANE	·····	
1. Office, Agency, or Co	ourt			
Agency Name				
<del></del>	ARD OF SUPERVISORS			
Division, Board, Department,	District, if applicable		Your Position	
DISTRICT 2			SUPERVISOR	
► If filing for multiple position	ns, list below or on an attachment.			
Record	and C American	m	Position: Bonago	40 T -
Agency: INE YIONAL	COUNCIL OF RUPAL	VGUNT/ES	Position: 450ARD	MEMBER
2. Jurisdiction of Office	(Check at least one box)	, , , , , , , , , , , , , , , , , , ,	<u> </u>	
☐ State	,,		Judge or Court Commis	sioner (Stalewide Jurisdiction)
Multi-County SEE ATT	ACHED LIST		-	
		<del></del>		
City of	<del></del>	<del></del>	Other	
3. Type of Statement (c	heck at least one box)		<del></del>	
- •	ered is January 1, 2011, through		Leaving Office: Date	
December 31, 2			(Check one)	
The period coverage 21, 2	ered is//	, through	<ul> <li>The period covered leaving office.</li> </ul>	is January 1, 2011, through the date of
Assuming Office: Date	assumed	<del></del>	The period covered the date of leaving of	is/, through office.
Candidate: Election Year	r Office s	sought, if differe	nt than Part 1:	
4. Schedule Summary				
Check applicable schedules	or "None."	➤ Total n	umber of pages includir	g this cover page: 10
			, ,	
Schedule A-1 - Investment  Schedule A-2 - Investment		<b>X</b>		& Business Positions - schedule attached
Schedule B - Real Prope		[_]   <b>7</b> 7	Schedule D - Income - Gifts	<ul> <li>schedule attached</li> <li>Travel Payments – schedule attached</li> </ul>
concadio b = riodi i rapo	*O	• •	Scriedate E - Income - Ons	- Haver Fayments - Schedule attached
	<u></u>	•	on any schedule	
(d)(5)			•	
I certify under penalty of per	jury under the laws of the State	of California	the foregoing is true and $(d)(5)$	correct
Data Claused 2 - A	8-2012	<b>0</b> 1	4	
	onth, day, year)	Signa	RUIT (7 = 0 III O ONG THE IN	grow engleshigh that yeeyming emeals

# CALIFORNIA FORM 700 EAUR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FRST) (MODLE)
HAZARO DUA	NE EDWARD
1. Office, Agency, or Court	
Agency Name	
MOND COUNTY LOCAL TRANSPI	extation Commission - LTC
Division, Board, Department, District, if applicable	Your Position
	BOARD MEMBER
▶ If filing for multiple positions, list below or on an attachmen	nt IMAAA
Agency: INYO/MONO AREA AGENCY OF	N AGING Position: BOARD MEMBER
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County 1mana	Excounty of (LTC) MOND
☐ City of	Other
7. 7	
3. Type of Statement (Check at least one box)	□ Louden Affice Polo Lab
Annual: The period covered is January 1, 2011, through December 31, 2011.	Check one)
-or- The period covered is/	, through O The period covered is January 1, 2011, through the date of
December 31, 2011.	leaving office.
Assuming Office: Date assumed///	The period covered is, through the date of leaving office,
Candidate: Election Year Office	e sought, if different than Part 1:
. Schedule Summary	
Check applicable schedules or "None."	➤ Total number of pages including this cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Income - Giffs - schedule attached
Schedule B - Real Property schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-	-or- portable interests on any schedule
(d)(5)	and the same of th
I certify under penalty of perjury under the laws of the State	te of California that the foregoing is true and correct
Data Sloned 2 - 18 - 2012	
Date Signed 2-18-2012	Signature _

### **SCHEDULE A-1** investments

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

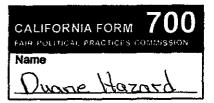
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Duane Hazard

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
AMGEN PHARMACEUTALS CO.	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
_	
DRUG MANU FACTURING CO.	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>\$2,000 - \$10,000</b>	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O months resource of those trapertal consour of	C III COLLEGE OF THE PARTY OF T
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
žono er (c. 11)	
1/6/18 9/15/11 #5,000.00 ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
THO INC.	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTER GAMINA	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>X</b> \$2,000 - \$10,000	S2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)  Partnership   Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	//
ACGOIRED MOPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	<u> </u>
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   \$10,001 - \$100,000	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O months received or account that habout our account of	O myorite resoured of 4500 or more fuebox on science of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 11 / / 11	, , , , , , , , , , , , , , , , , , , ,
ACQUIRED DISPOSED	
The second secon	The second secon

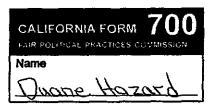
# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



► 1 BUSINESS ENTITY OR TRUST	► 1 BUSINESS ENTITY OR TRUST
H+P Speciality SERVICE	
H+P SPECIALITY SERVICE Name P. D. Box 554 MAMM OFH LAKES, CA. 93546	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TRAINING IN SPECIAL AREAS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Sole Proprietorship
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION OWNER / PRETNER	YOUR BUSINESS POSITION
► 2 CRENTIFY THE GROSS NOOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY TRUST)	► 1 DENTIFY THE GROSS INCOME SECRIFIED MIND LINE FOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY TRUST)
⊠ \$0 - \$499 ☐ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 CVER \$100,000	\$500 - \$1,000
► 3 LIST THE NAME OF EACH REPORTABLE SINGLE SQURGE OF	► 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
NCOME OF \$10,000 OR MORE (Arrang resonants) that if we arrange.	INCOME OF \$16,000 OR MORE. Advantua supporter steps (at the coopery).
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$310,001 - \$100,000 \$10,001 - \$100,000 \$10,000	52,000 - \$10,000 510,001 - \$100,000 /_ / 11 /_ / 11
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,600,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

## SCHEDULE B Interests in Real Property (Including Rental Income)



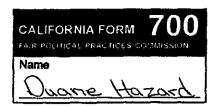
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
N/a	
CITY	СІТУ
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000     ACQUIRED   DISPOSED   Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Essement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499   \$500 - \$1,000   \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,090 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
You are not required to report loans from commercial	lending institutions made in the lender's regular course of
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business acceptable)  ADDRESS (Business Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:    NAME OF LENDER*

### SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700  FAIR POLITICAL PRACTICES COMMISSION
Name Duane Hazard

► 1 INCOME RECEIVED	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME - W.FE	NAME OF SOURCE OF INCOME
MAMMOTH MOUNTAIN SKI AREA ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 24 Mammoth Lakes, CA 93546 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
SK: RESORT YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
WIFE IS SKI SCHOOL SUPERVISOR	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,000 ☐ OVER \$100,000	\$500 - \$1,000  \$1,001 - \$10,000  \$1,001 - \$10,000  \$1,001 - \$10,000
X 210'001 - 2100'000	[] \$10,001 - \$100,000 [] OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's Income
Loan repayment	Loan repayment Partnership
Sale of(Real property; oer, boet, etc.)	Sale of(Real property, car, bost, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other (Describe)	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	100
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
Nastrand Indianos variones	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	[ ] ( cracing (concerns
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street address
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Real Property Street address
_	Real Property
<u>\$500 - \$1,000</u>	Real Property Street address
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000	Real Property  Street address  City  Guarantor
\$500 - \$1,000 \$1,001 - \$10,000	Real Property Street address
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000	Real Property  Street address  City  Guarantor  Other  (Describe)
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000	Real Property Street address  City  Other

### SCHEDULE D Income - Gifts



► NAME OF SOURCE	NAME OF SOURCE
REGIONAL COUNCIL OF RIPAL COUNTIES - RCR ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 "K" ST SO TE "1650 BACRAMENTO, CA. 95814 BUSINESS ACTIVITY, IFANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 12011 \$450.22 SEE AHACHED	
▶ NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<b>\$</b>	-/
	_/
➤ NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
_/_/ \$	
Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Diane Hazard	

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

<u></u>	7
► NAME OF SOURCE	NAME OF SOURCE
REGIONAL COUNCIL OF RURAL COUNTIES - RCRC ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 "K" ST #1650 SACRAMENTO, CA. 95814 CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 21 101 12011 12/31/20(1 AMT: \$ 950.22	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
▼ Other - Provide Description	Other - Provide Description
TRAVEL - MEALS - LODGING FOR MEMBERSH, P	{} ¯
MEETING AND CONFERENCE.	
NAME OF SOURCE	▶ NAME OF SOURCE
MAME OF SCORGE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	
المراجع المراج	The second secon

County:	Mono	
Delegate:	D. Hazard	

Meals provided at meetings: Amount	
Prior year expenses pd in 2011 none	
Officer Lunch: 1/18/11 13.87	
RCRC Board Meeting: 1/19/11 24.64	24.64
RCRC Board Officer Meeting: 1/21/11 8.49	8.49
RCRC Board Officer Meeting: 1/26/11 19.61	
Executive Committee Meeting: 2/16/11 19.00	
RCRC Board Meeting: 3/23/11 21.39	21.39
ESJPA Board Meeting: 3/24/11 14.83	
Executive Committee Meeting: 4/27/11 20.69	
RCRC Board Meeting: 5/25/11 19.82	
ESJPA Board Meeting: 5/26/11 13.41	
RCRC Board Meeting Meals (Napa): 6/16/11 154.03	154.03
USFS Roundtable: 6/22/11 4.96	
Executive Committee Meeting: 8/3/11 27.17	
RCRC Board Meeting: 8/24/11 18.67	18.67
ESJPA Board Meeting: 8/25/11 12.09	
RCRC Board Meeting (Annual Conference): 9/23/11 27.10	27.10
ESJPA Board Meeting: 10/20/11 17.45	
RCRC Board Meeting: 12/7/11 30.62	30.62
ESJPA Board Meeting: 12/8/11 21.29	
Function Believe to the Control of t	240.20
Expense Reimbursements: To Delegate	
To County for Delegate	e: 148.01
Expenses paid by RCRC on behalf of Supervisor	or:
Meetings with Sta	ff: 50.02
Officer Installation: 1/19/	11
Meeting Washington DC: 4/00/	11
CSAC Registration	n:
RCRC Board Meeting (Napa) Lodging: 6/14-15/	11 226.86
Napa Tour: 6/15/	11
Napa Dinner: 6/15/	11
NACO WIR Registration: 7/00/	11
NACO Meals with Staff: 7/00/1	1
Executive Committee Offsite Meeting: 11/16/	1
Executive Committee Dinner: 11/16/1	1
Phone Cards/Communication Eqp	t.:
Gifts - \$420 lim	it:
Awards - \$250 lim	it:
Total Expenses	950.22

# FORM 700 Statement of Economic Interests for Calendar Year 2011 List of Agencies and Member Counties

#### **MONO COUNTY**

#### **DUANE HAZARD**

Agency

CRHMFA Homebuyers Fund

Environmental Services Joint Powers Authority

California Local Government Finance Authority

Delegate

Delegate

#### **List of Member Counties**

Alpine County	Modoc County	
Amador County	Mono County	
Butte County	Napa County	
Calaveras County	Nevada County	
Colusa County	Placer County	
Del Norte County	Plumas County	
El Dorado County	San Benito County	
Glenn County	Shasta County	
Imperial County	Sierra County	
Inyo County	Siskiyou County	
Lake County	Sutter County	
Lassen County	Tehama County	
Madera County	Trinity County	
Mariposa County	Tuolomne County	
Merced County	Yolo County	
	Yuba County	